SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
HOWARD TRUMAN 389 W 100 S PO BOX 443	
ENTERPRISE UT 84725-0443	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
PB 1/4/2011 M0010018	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 257	0 0000 4801 6164
PS Form 3811, February 2004 Domestic Return Receipt	

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

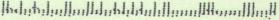
• Sender: Please print your name, address, and ZIP+4 in this box •

PENNY BERRY STATE OF UTAH DIVISION OF OIL GAS & MINING PO BOX 145801 SALT LAKE CITY UT 84114-5801

RECEIVED

JAN 18 2011

DIV. OF OIL, CAS & MINING



## U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

PBO 1/4	12011	m0010018 E
Postage	\$	Requirements
Certified Fee		for reclamation
Return Receipt Fee (Endorsement Required)		Cost. Perstri mate.
Restricted Delivery Fee (Endorsement Required)		

Total Post HOWARD TRUMAN

Sent To 389 W 100 S

Street, Apt. PO BOX 443

or PO Box N ENTERPRISE UT 84725-0443

City, State, 2

4919

4801

2570

7005